24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Make DC Listen		C C00570739
Check if 24-hour report X 48-hour report New rep	oort Amends report fil	iled on M M / D D / Y Y Y Y Y
Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination
		04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 148 Graves Mill Rd		Amount
City State	Zip Code	25532.61
Lynchburg VA	24502-4202	Transaction ID: E2840F8EF99584536A12 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 17 / 2015
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ted Cruz		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	26412.62 Dis 20	sbursement For:
Full Name of Payee Facebook		Date of Public Distribution/Dissemination
		04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1601 Willow Rd		Amount
City State	Zip Code	325.52
Menlo Park CA	94025-1452	Transaction ID : E04A7B32ADF0840C5889 Date of Disbursement or Obligation
Purpose of Expenditure Web Advertising	Category/ Type	04 21 / 2015
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ted Cruz	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	25858.13
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	nically Filed] Date	04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	